

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027552

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 33

Primary Registration District No. 504

Registrar's No. 77

VS 300
Rev. 4/59

1 0171

2 0170

3 1

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 5-0

13 20

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Carrollton

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Carroll County Memorial

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Carroll

c. CITY
OR TOWN

Norborne

d. STREET
ADDRESS

Prairie Township

Inside Limits
Yes ☐ No ☒

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

Gordon

Deitch

4. DATE
OF DEATH

Month

Day

Year

July 29, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/28/1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Funeral Direction

10b. KIND OF BUSINESS OR INDUSTRY

Funeral

11. BIRTHPLACE (City and state or country)

Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Henry Deitch

13b. MOTHER'S MAIDEN NAME

Susan Dipmore

14. NAME OF HUSBAND OR WIFE

Ethel Minnis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

John Deitch, Jr. Norborne, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction Acute.

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 29 July 1963 and last saw her alive on 29 July 1963
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Carrollton Mo

22c. DATE SIGNED

7-30-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7/31/1963

23c. NAME OF CEMETERY OR CREMATORY

Fairhaven Cemetery

23d. LOCATION (City, town, or county)

Norborne, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Marshall Fun. Home Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.

8-1-63

26. REGISTRAR'S SIGNATURE

8-1-63 Mary Dean

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

R. M. Marshall, Jr.

Licensed Embalmer No. _____

P. O. Address _____

*4469
Carrollton, Ga.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.